Psychotherapy Guidebook

Behavioral Family Therapy

William J. Di Scipio

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DEFINITION

Behavioral Family Therapy (BFT) denotes the application of scientific methodology in order to modify faulty or maladaptive patterns of social interactions among the symptomatic members of a family. While "behavior modification" has been the most popularized term applied to this approach, there are, in fact, at least three distinct contemporary approaches to the scientific understanding of human social learning: behavioral consequences, mediational or anxiety cues and social learning, or vicarious learning. While varying therapeutic technologies have been developed within each of these approaches, they are all broadly defined as behavioral because of their basic adherence to the hypothesis-testing, experimental analysis of human behavior. For a behavioral family therapist, a family may be defined as two or more people who mutually influence the reward and punishment contingencies of each other.

HISTORY

Early discoveries in the study of environmental influences on behavior

patterns or responses are attributed, in part, to the well-known works of Pavlov, Thorndike, Clark Hull, and J. B. Watson. At least two experimental paradigms, currently labeled “classical” and “operant” conditioning, were to emerge and survive in the field of human and animal learning. The recent proliferation of operant conditioning (behavior modification) has been widely influenced by B. F. Skinner and his associates, and has been most systematically applied to families by G. R. Patterson (1975). Elements of the classical-conditioning model are more readily apparent in the work of Joseph Wolpe, which is concerned with the deconditioning of maladaptive anxiety neurosis in individuals. Direct application of Wolpe’s approach has not been fully explored in relation to family interaction. Adherents of the approach, which emphasizes vicarious or observational learning, are best represented by the currently popular social psychology of Albert Bandura. While the influence of modeling (learning by observation) on a child’s behavior are obvious to both therapists and families, the systematic use of such principles in modifying or guiding adaptive social patterns has only begun to be explored in the psychotherapeutic setting.

TECHNIQUE

Methods based upon changing the consequences of the observable and measurable Behavior of a symptomatic family member predominate the current Behavioral Family literature. The symptomatic individual, usually a

child, is viewed by the family as the problem. A coalition is formed between parents and therapist and the therapist proceeds to "target" the misbehavior. The frequency of occurrence of the target behavior is recorded for a period of time, usually taken in the natural setting without further direct therapeutic interventions. This period is known as a "baseline" and is used to establish consensus on the degree of severity of the problem, as well as serve as a comparison with which to assess the effects of later programmed interventions. If the problem is one of excess behavior (for example, temper tantrums), techniques including differential reinforcement of other more acceptable behaviors (DRO) might be used, as well as systematically diminishing the inadvertent reinforcement parents often give by excessive attention to the child during a tantrum (extinction procedure). If the problem is a deficit behavior, positive reinforcement of gradual steps toward achieving the final desired behavior might be the preferred conditioning technique (shaping). Altering the consequences of behavior through manipulation of the contingencies of reinforcement extends beyond the few examples mentioned above and may also be monitored by the therapist in the form of a verbal or written contract. The "contingency contract" specifies the treatment plan in a precise and operational manner and has become the most popular tool of the operant conditioning family therapist.

When the therapist views the family problem from a cognitive-behavioral model, he is most likely to apply techniques derived from classical

conditioning. Problems of interpersonal relationships thought to be mediated by anxiety, faulty beliefs, or lack of self-assertion are usually treated individually, but changes in all family members will invariably result if the behavior of one member is radically altered in a short period of time. The changes in maladaptive anxiety states or cognitions are altered by techniques such as progressive desensitization, covert conditioning, cognitive restructuring, and assertive training (Craighead, et al., 1976).

Focusing on the vicarious processes of social learning presents another behavioral perspective from which the family-oriented therapist might proceed. The use of modeling, behavioral rehearsal, and guided participation for increasing adaptive social skills has recently begun to occupy a more standard and systematic set of techniques for applying to one or a number of family members. They are applied alone or in addition to the operant conditioning and cognitive-behavioral techniques.

APPLICATIONS

While the behavioral therapies may be applied to any broadly defined maladaptive overt or covert behavior that has its origins in environmental contingencies, the following areas are representative of several readily modifiable problems:

1. Child management problems in which either or both parents are

willing to participate in behavioral training programs as co-therapists (for example, temper tantrums, negativism, antisocial behavior).

2. Marital difficulties involving the absence or deficit of negotiation skills and inappropriate mutual reinforcement exchanges.

3. Maladaptive behavior of one member of the family that results in exclusion of that member or undue stress or breakdown of other family members (as in anorexia, school or other phobic behavior, asthma, etc.).

4. Maladaptive behaviors resulting from inappropriate or incorrect attitudes and beliefs that are not a function of an acute psychotic state of any member.